HEALTH CARE FINANCING ADMINISTRATION	* FORM APPROVED OMB NO. 0938-0193
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	<u>0 4 — 1 8</u> Maryland
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	December 1, 2003
5. TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 04 \$ 171,000 b. FFY 05 \$ 228,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19 A&B, Page 9	Attachment 4.19 A&B, Page 9 (91-14)
10. SUBJECT OF AMENDMENT:	
The Program is requesting the ability to reimburse trauma physicians who provide trauma care in trauma centers to patients on the State Trauma Registryat the Baltimore City Medicare rate. 11. GOVERNOR'S REVIEW (Check One):	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Susan J. Tucker, Executive Director
□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Office of Health Services
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
Nella Flabation	Susan J. Tucker, Executive Director
13. TYPÉD NAME:	OHS - DHMH
Nelson J. Sabatini 14. TITLE: Secretary, Department of Health and	201 W. Preston Street, Room 124 Baltimore, MD 21201
Mental Hygiene 15. DATE SUBMITTED:	
December 30, 2003	
FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED:	
December 31, 2003	18. DATE APPROVED: MAR 1 0 2004
PLAN APPROVED - C	NE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL: December 1, 2003	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE: Associate Regional Administrator
Mary T. Mc Sorley	Division of Medicaid and Children's Health
23. REMARKS:	
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- 6. A. For professional services rendered by a physician, or osteopath, or nurse anesthetist, or nurse practitioner, reimbursement will be the lower of:
 - 1. The provider's customary charge to the general public;
 - 2. The Department's fee schedule.

The Program reserves the right to negotiate and establish a different fee for a physician or a group of physicians under contract to a hospital to provide services when a portion of the cost of the contract is paid at the hospital's cost, provided this fee does not exceed limitations set forth in (1) - (2), above.

- B. For professional services rendered by a podiatrist, physical therapist, dentist, or optometrist, reimbursement will be the lower of:
 - 1. The provider's customary charge to the general public;
 - 2. The Department's fee schedule.
- C. For professional services rendered by trauma surgeons, orthopedic surgeons, neurosurgeons, critical care physicians, and anesthesiologists to a trauma patient on the State Trauma Registry, who is receiving services in a state designated trauma center, reimbursement will be the greater of the:
 - 1. The Department's fee schedule;
 - 2. 100% of the Baltimore City and surrounding area Title XVIII Medicare physician fee schedule facility rate.

TN # <u>04-18</u> Supersedes TN # <u>91-14</u> Approval Date MAR 10, 2004 Effective Date: December 1, 2003